

## Chapter 7

### Charges, Financial Responsibility, Collections and Processing

This chapter contains information on the charges for health care, responsibility for payment and the collection and processing of bills for IMSs and their family members under sponsorship of the SATP; Air Force's ALP; Section 506 of the FAA; and Title 10 USC Section 1004. It also includes IMS sponsored by other U.S. Government Agencies.

#### A. Charges

##### 1. Health Care

- a. Eligibility for health care financial responsibility for the IMS and their family members should be reflected on the IMS's ITO.
- b. Health care in DoD MTFs is provided on a reimbursable basis with the exception of those IMS and their family members covered by an International Agreement. The charges for health care (medical and dental) provided by DoD MTFs are developed annually by the DoD Comptroller. These charges apply to all DoD MTFs. There are three categories of charges, IMET, Other U.S. Government Agencies (agency employees only), and Other, which is the full reimbursable rate (FRR). The rates that apply to IMS and family members are the IMET and FRR. Current rates can be obtained from <http://www.dtic.mil/comptroller/rates/>.
- c. **Reciprocal Health Care Agreements** - IMSs and their family members may be included or excluded in some of the Agreements. It is always best to check the specific agreement for coverage. In some cases, IMET and/or FMS are excluded, however IMSs training under a PME agreement will be covered. In other cases an IMS under IMET may be excluded, but his family members are covered. Civilian IMSs are not covered by these agreements.
  - (1) IMS - Inpatient and outpatient care at no charge.
  - (1) IMS's Family Members - Inpatient and outpatient care at no charge. Dental care is restricted to emergency only.
- d. **NATO/PFP** – Under the terms of the NATO/PFP SOFA outpatient care for NATO/PFP military and their family members is provided without charge. Title 10, Section 2549 requires reimbursement for inpatient care.
  - (1) NATO/PFP IMET IMS – Charge for inpatient care only at the IMET rate.
  - (2) NATO/PFP FMS IMS – Charge for inpatient care only at the FRR.
  - (3) NATO/PFP Family Members – Charge for inpatient care only at the FRR. Dental care is restricted to emergency only.
- e. **Non-NATO** – Health Care is provided on a space available reimbursable basis. Dental Care is restricted to emergency only.
  - (1) Non-NATO IMET IMS – Charge for outpatient and inpatient care at the IMET rate.
  - (2) Non-NATO FMS IMS – Charge for outpatient and inpatient care at the FRR.
  - (3) Non-NATO Family Members – Charge for outpatient and inpatient care at the FRR.
- f. **Civilian IMS** (NATO/PFP and Non-NATO)
  - (1) Civilian IMET IMS – Emergency care only at the IMET rate.
  - (2) Civilian FMS IMS – Emergency care only at the FRR.

(3) Civilian IMS Family Members – Emergency care only at the FRR.

g. **Other U.S. Government Agency Sponsored IMS**

- (1) IMS - Charge for outpatient and inpatient care at the FRR.
- (2) Family Members -Charge for outpatient and inpatient care at the FRR.

h. **ALP**

- (1) IMS – Flight physicals, outpatient and inpatient is provided at no charge. Dental care is restricted to care necessary to complete their training.
- (2) Family Members – Charge for outpatient and inpatient care at the FRR.

i. **Title 10, Section 1004**

- (1) IMS – Charge for outpatient and inpatient care at the FRR.
- (2) Family Members – Charge for outpatient and inpatient care at the FRR.

j. **FAA, Section 506** - Any costs incurred for non-contractual services as well as supplies used to support this tasking should be identified against an emergency and special program (ESP) code, as identified on the Presidential Drawdown Order, for future reimbursement.

- (1) IMS – Whether to charge or not will be based on the Presidential Drawdown Order. When health care is charged outpatient and inpatient care will be at the FRR rate.
- (2) Family Members – Charge for outpatient and inpatient care at the FRR.

2. **Aeromedical Evacuation** - IMSs and their family members listed on the ITO are authorized aeromedical evacuation. Paragraph B. identifies who is responsible for reimbursement by the IMS training status, i.e., IMET, FMS, etc. The full daily aeromedical evacuation rate as prescribed by the DoD Comptroller is charged for each day they are in the aeromedical evacuation system. Additionally, the aeromedical evacuation transportation rate is charged for evacuation to and the return from the IMS's home country. Current transportation rates can be obtained from <http://public.scott.af.mil/hqamc/fm/rates.htm> or from AFP 76-11, U.S. Government Airlift Rates.

a. **Litter Patient**

- (1) CONUS - Three times the first class commercial airline fares, as shown in the current Official Airline Guide, plus \$1 each fare and applicable transportation tax.
- (2) OCONUS –Three times the tariff rate and applicable transportation tax.

b. **Ambulatory Patient**

- (1) CONUS – One first class commercial airline fare as shown in the current Official Airline Guide, plus \$1 and applicable transportation tax.
- (2) OCONUS – The tariff rate and applicable transportation tax.

c. **Attendant**

- (1) CONUS – One first class fare, plus \$1 and applicable transportation tax will be charged for an attendant.
- (2) OCONUS – The tariff rate and applicable transportation tax.

d. **Special Assignment Airlift** - Current hourly tariff rates plus applicable transportation tax will be charged for off-route services or when the aircraft is provided for the exclusive use of a customer.

3. **Immunizations** - Immunizations required by IMS for return to home country will be provided without charge. All other immunizations will be charged the appropriate rate.
  - a. NATO/PFP IMS – No Charge
  - b. IMET IMS – Charge the IMET rate.
  - c. FMS IMS – Charge the FRR.
  - d. Family Members – Charge the FRR.
4. **Subsistence** – All family members, officer, civilian, FMS enlisted, IMET enlisted not receiving a living allowance under the IMETP, and other international program participants IMSs are charged for hospital rations. IMSs are charged at the appropriate officer (civilians are normally considered under the officer rate) or enlisted rate and the family members the family member rate. Hospital rations for IMET enlisted IMS receiving a living allowance under the IMETP are chargeable to the IMETP.
5. **Civilian Health Care** – Bills must be annotated by the physician “I certify that the above services are necessary in treatment of the above named individual, that services were as stated, and that charges are not in excess of those customarily made in this vicinity.”

**B. Financial Responsibility** - Item 12 on the ITO (DD Form 2285) will reflect financial responsibility. When an IMS is covered by a reciprocal health care agreement the agreement will be referenced in item 15, Special Conditions of the ITO. *If the ITO is not clear on the responsibility for payment of medical bills, request clarification from the IMSO or MILDEP.*

#### 1. Health Care and Aeromedical Evacuation

##### a. IMET IMS

- (1) NATO/PFP IMS - Charges for inpatient care in DoD MTFs and civilian outpatient and inpatient care (with a referral or where there are no DoD MTFs) will be paid from IMET funds. When under the clinical control of a DoD MTF referrals for supplemental services will be paid by the referring DoD facility. Aeromedical evacuation cost will be paid only when transportation is authorized on the ITO to be paid by IMET funds. Any portion of transportation not authorized to be paid from IMET funds the IMS or foreign government is responsible for payment.
- (2) Non-NATO IMS – Charges for outpatient and inpatient care in both DoD MTFs and from civilian sources (with a referral or where there are no DoD MTFs) will be paid from IMET funds. Aeromedical evacuation cost will be paid only when transportation is authorized on the ITO to be paid by IMET funds. Any portion of transportation not authorized to be paid from IMET funds the IMS or foreign government is responsible for payment.
- (3) Civilian IMS – Charges for emergency care in DoD MTFs and outpatient and inpatient care from civilian sources will be paid by IMET funds.
- (4) Reciprocal Health Care Agreements – Care in DoD MTFs is provided without charge. When under the clinical control of a DoD MTF referrals for supplemental services will be paid by the referring DoD facility. Where there are no DoD MTFs, care received from civilian sources will be paid from IMET funds. Aeromedical evacuation cost will be paid by the referring DoD facility.

##### b. FMS IMS

- (1) NATO/PFP – Charges for inpatient care in DoD MTFs; where there are no DoD MTFs Outpatient/inpatient care from civilian sources and aeromedical evacuation will be paid by the IMS, foreign government or FMS case. When under the clinical control of a DoD MTF referrals for supplemental services will be paid by the referring DoD facility.
- (2) Non-NATO IMS – Charges for outpatient and inpatient care in both DoD MTFs and civilian sources and aeromedical evacuation will be paid by the IMS, foreign government or FMS case.

- (3) Civilian IMS – Charges for emergency care in DoD MTFs and outpatient and inpatient care from civilian sources will be paid by the IMS, Foreign government or FMS case.
- c. **Other U.S. Government Agency Sponsored IMS** – Charges for outpatient and inpatient care in both DoD MTFs and from civilian sources will be paid by the sponsoring agency.
- d. **Title 10, Section 1004 IMS** – Charges for outpatient and inpatient care in both DoD MTFs and from civilian sources will be paid by Office of the Secretary of Defense, Drug Enforcement Policy and Support (OSD/DEP&S).
- e. **FAA, Section 506 IMS** – Financial responsibility will be in accordance with the Presidential Drawdown Order, and as annotated on the ITO.
- f. **Family Members**
  - (1) NATO/PFP – Charges for inpatient care in both DoD MTFs, from civilian sources, and aeromedical evacuation will be paid by the IMS, foreign government or FMS case, as annotated on the ITO. TRICARE Standard covers outpatient care from civilian sources. IMS, foreign government or FMS case is responsible for the payment of the deductible (\$150 individual, \$300 per family) and patient share (20%).
  - (2) Non-NATO – The IMS, foreign government or FMS case, as annotated on the ITO, will pay charges for outpatient and inpatient care in DoD MTFs. Outpatient and inpatient care received from civilian sources (with a referral or where there are no DoD MTFs) is between the patient and the health care provider unless the ITO states that the FMS case will pay.
  - (3) Civilian IMS – Cost for DoD MTF emergency care and civilian care (outpatient and inpatient) is the responsibility of the IMS, foreign government or FMS case. Charges for outpatient and inpatient care received from civilian sources is between the patient and the health care provider unless the ITO states that the FMS case will pay.
  - (4) Other U.S. Government Agency IMS – Charges for outpatient and inpatient care in DoD facilities will be paid by the IMS. Health care received from civilian sources is between the IMS and the health care provider.
  - (5) ALP - – Charges for outpatient and inpatient care in DoD facilities will be paid by the IMS. Health care received from civilian sources is between the IMS and the health care provider.
  - (6) Title 10, Section 1004 – Charges for outpatient and inpatient care in DoD facilities will be paid by the IMS. Health care received from civilian sources is between the IMS and the health care provider.
  - (7) FAA, Section 506 – Charges for outpatient and inpatient care in DoD facilities will be paid by the IMS. Health care received from civilian sources is between the IMS and the health care provider.
  - (8) Reciprocal Health Care Agreements – Care in DoD MTFs to include aeromedical evacuation is provided without charge. When under the clinical control of a DoD MTF referrals for outpatient supplemental services will be paid by the IMS, foreign government, FMS case, or supplemental payment from TRICARE Standard (NATO/PFP family members for outpatient only). When an inpatient in a DoD MTF supplemental services from civilian sources will be paid by the referring DoD MTF. Where there are no DoD MTFs, care received from civilian sources will be paid by the IMS, foreign government, FMS case or TRICARE Standard for outpatient services for NATO/PFP family members.
- g. **Subsistence** – Charges for hospital rations of:
  - (1) IMET officer or civilian-equivalent and enlisted or civilian-equivalent (not receiving a living allowance under the IMETP) IMSs are the responsibility of the IMS.
  - (2) IMET enlisted or civilian-equivalent receiving a living allowance under the IMETP hospital rations are the responsibility of the IMETP.
  - (3) Charges for hospital rations for FMS officer, civilian, and enlisted IMSs are the responsibility of the IMS.

- (4) Enlisted personnel receiving a living allowance under a FMS Case hospital rations are the responsibility of the FMS Case (as annotated on the IMS's ITO).
- (5) Hospital ration charges for IMS participating in other international programs or sponsored by other U.S. Government Agencies are the responsibility of the IMS.
- (6) Enlisted IMS receiving a living allowance from another international program (e.g. 1004) or other U.S. Government Agency program (e.g. INL), hospital rations are the responsibility of the applicable program or U. S. Government Agency (as annotated on the IMS's ITO).
- (7) A family member is the responsibility of the IMS.

## **C. Collections**

1. MTFs must check the IMS's ITO to determine responsibility for payment. When the:
  - a. IMS is responsible for payment of medical bills for treatment provided to them or their family member collection will be made locally by the DoD MTF or CMF. The IMSO must be notified if the charges are significant and a problem with receiving reimbursement is experienced or perceived.
  - b. IMS and/or family members that are covered by a medical insurance policy the DoD MTF or CMF will file for payment with the insurance company.
  - c. All other medical bills will be processed in accordance with MILDEP guidance.
2. Hospital Rations - Request for reimbursement for hospital ration charges for enlisted or civilian-equivalent IMS receiving a living allowance under the IMETP, other international program or another U.S. Government Agency will be submitted on a SF 1080 (Vouchers for Transfers Between Appropriations and/or Funds) charging the appropriate fund. The SF 1080 will be substantiated by a certification that rations were provided without reimbursement. Each certificate will cite the applicable country and ITO numbers. All other hospital rations will be collected locally from the IMS.
3. When the IMS or family member is referred to a civilian health care provider and the responsibility for payment is the IMETP, FMS Case or another international program/U.S. Government Agency a copy of the referral must be provided with the billing.
4. When collection attempts from the IMS have been made without success or departed leaving an outstanding medical bill, the bill for health care should be forwarded to the IMS's embassy. Moneys owed for medical care provided by a DoD MTF is considered a personal indebtedness to the U. S. Government.

## **D. Processing of Bills – This paragraph pertains to those patient administrators/affairs personnel and civilian health care providers who will process bills for medical and dental treatment.**

### **1. General**

- a. With fewer DoD medical facilities; consolidations of training in either a DoD school or under the lead agent of a MILDEP; and cross training between MILDEPs it is important to know where to send medical bills for reimbursement or collection. The ITO is the key document. There are several items on the ITO that can identify the MILDEP that has responsibility for the IMS.
  - (1) The FMS case identifier, item 5: FMS Case Identifier Codes: P-Navy, D-Air Force, and B-Army. As an example: EG-B-ODY The EG identifies the country Egypt; the B identifies Army and the ODY is the case number.
  - (2) The MILDEP Secretary issuing the invitation, item 7.
  - (3) The implementing authority, item 14.
- b. When a DoD MTF provides health care to another MILDEP's IMET IMS, FMS IMS and/or family members when payment is against a medical line on a FMS case, or another MILDEP's program the invoice will be submitted to the appropriate MILDEP in duplicate on a SF 1080. DoD MTFs will establish the accounts receivable in their financial database when the medical care is provided to an IMS and/or family member sponsored by another MILDEP. The SF-1080 must

have complete Accounting Classifications to include an Accounting Process Code (APC) and accounts Customer Number for collection. Attach the invoice and two copies of the IMS's ITO. Include the following information on the invoice:

- (1) Country/Case/Line and IMS's WCN.
  - (2) IMS's full name.
  - (3) Patient's full name and relationship to the IMS (authorized family members are listed on the ITO).
  - (4) Clinic/Treatment Code.
  - (5) Date of service.
  - (6) Amount of Charge.
- c. There will be times when IMSs and their family members require emergency treatment or medical services from civilian sources. The procedures set forth in paragraph 10-49 of the JSAT will be followed.
- d. Civilian Medical Facilities (CMFs)
- (1) Foreign Government – When the ITO indicates the foreign government is responsible for care, the CMF will bill directly to the IMS's embassy.
  - (2) IMS – When the ITO indicates the IMS is responsible for care, the CMF will bill directly to the IMS.
  - (3) Reciprocal Health Care Agreement
    - (a) CMFs providing supplemental services based on a referral of a DoD MTF for IMSs covered by a reciprocal health care agreement will bill and be paid by the referring DoD MTF.
    - (b) CMFs providing outpatient supplemental services based on a referral of a DoD MTF for a family member will bill and collect from the IMS. (NATO/PFP IMSs will process the bill in accordance with TRICARE Standard procedures).
    - (c) CMFs providing inpatient supplemental services based on a referral of a DoD MTF for a family member will bill and be paid by the referring DoD MTF.
    - (d) No DoD MTF Referral – CMFs providing outpatient or inpatient care to IMSs and/or their family members covered by a reciprocal health care agreement where there is no DoD MTF referral will bill and be paid by the IMS or the embassy if the foreign government is responsible.
  - (4) NATO/PFP IMSs - CMFs providing outpatient care to NATO/PFP IMSs referred by a DoD MTF will bill and be paid by the referring DoD MTF.
  - (5) NATO/PFP Family Members - CMFs bills for outpatient care for NATO/PFP family members will be processed by the IMS in accordance with TRICARE Standard procedures; any deductible and/or patient share will be paid by the IMS.
- e. All forms required to process billing can be obtained from the DoD Forms Program <http://web1.whs.osd.mil/icdhome/FORMTAB.htm>.
2. **Department of the Army –This paragraph pertains to those patient administrators who will process bills for medical and dental treatment.**
- a. The U. S. Army Medical Command is the financial manager for Army IMET medical funds and medical lines on FMS cases. Bills for the following should be mailed to HQ US Army Medical Command, ATTN: MCRM-F, 2050 Worth Road, Suite 9, Fort Sam Houston, TX 78234-6009. POC for FMS cases with a medical line and family members is Charlene Busanet [charlene.busanet@amedd.army.mil](mailto:charlene.busanet@amedd.army.mil), telephone (210) 221-6812, DSN 471-6812. IMET IMS POC is Betty Martinez [betty.martinez@amedd.army.mil](mailto:betty.martinez@amedd.army.mil), telephone (210) 221-7214, DSN 471-7214. FAX for both POCs is (210) 221-7880, DSN 471-7880.
- (1) IMET IMSs.

(2) FMS IMSs and/or family members when covered by a medical line on the FMS case.

b. Army MTFs

- (1) Bills for Army IMSs and/or family members will be submitted in duplicate on a DD Form 7 (Inpatient Care) or DD Form 7A (Outpatient Care) with two copies of the IMS's ITO.
- (2) Bills for IMSs and/or family members will be forwarded to the embassy when the foreign government is responsible for payment.
- (3) Bills for IMSs under authority of Title 10, Section 1004 will be forwarded to OSD/DEP&S for payment.
- (4) Bills for IMSs under authority of the FAA, Section 506 will be in accordance with Presidential Drawdown Order, as annotated on the ITO.
- (5) Bills for other U.S. Government Agency Sponsor IMSs will be forwarded to DFAS Denver for collection of payment from the appropriate agency. As an example: IMSs sponsored by International Narcotics & Law (INL) bills are sent to DFAS Denver for collection from DoS.

c. Civilian Medical Facilities (CMFs) - ITOs indicating medical care is covered under an Army IMETP, FMS case or Army sponsored program and health care is provided must include the MTF referral, except for bona fide emergencies. The CMF's bill will be sent to the servicing MTF. (NOTE: The CMF or IMSO will not send bills directly to HQ USAMEDCOM.) The MTF will forward two copies of the CMF bill, a copy of the IMS's ITO, two copies of a SF-1034 (Public Voucher for Purchases and Services Other Than Personal.) and a copy of the referral or certification of emergency to HQ USAMEDCOM. The SF-1034 must include the CMF's Tax Identifier Number.

**3. Department of the Navy**

a. The Navy Education and Training Security Assistance Field Activity (NETSAFA) is the financial manager for Navy IMET medical funds and medical lines on Navy FMS cases. Bills for the following should be mailed to Commanding Officer, ATTN: Code N-3, NETSAFA, 125 West Romana Street Suite 600, Pensacola, FL 32501-5849.

- (1) IMET IMSs
- (2) FMS IMSs and family members covered by a medical line on a Navy FMS case.

b. POCs telephone numbers are (850) 452-2900 or DSN 922-2900 plus appropriate extension. FAX numbers are (850) 452-2953 or DSN 922-2953.

- (1) IMET – Pinkie Makselan, [Pinkie.Makselan@NETSAFA.Navy.mil](mailto:Pinkie.Makselan@NETSAFA.Navy.mil), extension 32929.
- (2) FMS (other than Saudi Arabia and Egypt – Janice Isosaari, [Janice.Isosaari@NETSAFA.Navy.mil](mailto:Janice.Isosaari@NETSAFA.Navy.mil), extension 30021.
- (3) FMS-Saudi Arabia – Marsha Bush, [Marsha.Bush@NETSAFA.Navy.mil](mailto:Marsha.Bush@NETSAFA.Navy.mil), extension 35773.
- (4) FMS-Egypt – Marie Rasmussen, [Marie.Rasmussen@NETSAFA.Navy.mil](mailto:Marie.Rasmussen@NETSAFA.Navy.mil), extension 34338.

c. Navy MTFs

- (1) Invoices for health care provided Navy IMET IMSs and FMS IMS and/or their family members covered by a medical line on a Navy FMS case will be forwarded to the Central Billing Office – BUMED Code 14 on a DD Form 7 (Inpatient Care) or DD Form 7A (Outpatient Care) with a complete copy of the IMS's ITO. These invoices are compiled into monthly billings to NETSAFA.
- (2) Invoices for IMSs and/or family members will be forwarded to the embassy when the foreign government is responsible for payment.
- (3) Invoices for IMSs under authority of Title 10, Section 1004 will be forwarded to OSD/DEP&S for payment.
- (4) Invoices for IMSs under authority of the FAA, Section 506 will be in accordance with Presidential Drawdown Order as annotated on the ITO.

- (5) Invoices for other U.S. Government Agency Sponsor IMSs will be forwarded to DFAS Denver for collection of payment from the appropriate agency. As an example: IMSs sponsored by International Narcotics & Law (INL) bills are sent to DFAS Denver for collection from DoS.
- f. CMFs - Navy IMET IMSs and FMS IMSs and/or their family members when covered by a medical line on a Navy FMS case requiring health care from civilian sources must be referred by the MTF, except where there is no DoD MTF or is a bona fide emergency. The CMF's bill will be sent to the cognizant IMSO. (NOTE: The CMF will not send bills directly to NESAFSA.) The CMF bill must have a statement from the DoD medical activity attesting to the emergency nature and reason for referral to CMF. Completed DD Form 2161 (Referral for Civilian Care), attached to the CMF bill, meets this requirement. Where DoD MTFs are not in the area, the IMSO may complete this form and describe the circumstances.

### 3. Department of the Air Force

- a. The Air Force Security Assistance Training Squadron is the financial manager for Air Force IMET medical funds and medical lines on FMS cases. Bills for the following should be mailed to Air Force Security Assistance Training Squadron (AFSAT/FMF), 315 J Street, West, Randolph Air Force Base, Texas, 78150-4354. POC is Yolanda Alva, [Yolanda.Alva@RANDOLPH.AF.MIL](mailto:Yolanda.Alva@RANDOLPH.AF.MIL), telephone numbers (210) 652-5335, DSN 487-5335, and FAX is (210) 652-5334, DSN 478-5334.
  - (1) IMET IMSs
  - (2) FMS IMSs and family members covered by a medical line on an Air Force FMS case and annotated on the ITO that the case or foreign government is responsible for payment.
  - (3) Other programs IMS (e.g. Title 10, Section 1004, FAA, Section 506, INL, and ALP).
- b. Air Force MTFs
  - (1) Invoices for Air Force IMSs and/or family members will be submitted in duplicate on a DD Form 7 (Inpatient Care) or DD Form 7A (Outpatient Care) with a copy of the IMS's ITO. AFSAT records the collections for OAC 88 by following the centralized reimbursement policy established for the SATP. AFSAT will reimburse centrally at the Air Force level, therefore **do not** prepare a SF 10-80 or establish an accounts receivable transaction in the MTFs financial database. AFSAT will process the billings through DFAS-DE/IAFT and will establish the receivable at a centrally managed level to fund code 2X. Invoices for student medical care should be separated by applicable programs or by FMS case (e.g. IMET 00, IMET 99, SR-SRC-998, PE-TOO-INL, and CO-TDE-T00). Attach a preaddressed acknowledgment form letter, AF Form 74 (Communication Status Notice/Request) that can be returned to the originating MTF to acknowledge receipt of medical invoices. MTFs are to compile monthly billings that are submitted to AFSAT/FMF containing the following information:
    - (a) Country/Case/Line and student's WCN.
    - (b) IMS's full name.
    - (c) Patient's full name and relationship to the IMS (authorized family members are listed on the ITO).
    - (d) Clinic/Treatment Code
    - (e) Date of service.
    - (f) Amount of charge.
  - (2) Invoices for IMSs under authority of Title 10, Section 1004 will be forwarded to AFSAT/FMF for collection through HQ AETC/FMAT, and as annotated on the ITO.
  - (3) Invoices for IMSs under authority of the FAA, Section 506 will be in accordance with the Presidential Drawdown Order, as annotated on the ITO.
  - (4) Invoices for other U.S. Government Agency sponsored IMSs will be forwarded to AFSAT/FMF for collection of payment from the appropriate agency in accordance with the Memorandum of Agreement or Two-Year Country Training Plan. As an example: IMSs sponsored by INL invoices will be forwarded by AFSAT/FMF to DFAS Denver for collection



from DoS or as indicated on the ITO.

- c. CMFs – ITOs indicating medical care covered under an Air Force sponsored program (e.g. IMET, FMS case, 1004, 506 Drawdown, INL or ALP) and health care is provided from civilian source must include a DoD MTF referral, except for bona fide emergencies. The CMF's bill will be mailed to AFSAT/FMF with a copy of the referral or certification of emergency, along with a copy of the ITO. The invoice must include the CMF's Tax Identifier Number for payment via electronic funds transfer (EFT). AFSAT will then process the billing to charge the appropriate program and pay the CMF provider.